| | | Examine | i Name | | | | | |
|--|--|---|---|---|--|--|--|--|
| otal Number of Pages in This Submission | | Attorney | Docket Number | 04286.00010 | | | | |
| ENCLOSURES (check all that apply) | | | | | | | | |
| Fee Transmittal Form | Assign | ment Pape Application) | rs | After Allowance Communication to Group | | | | |
| Fee Attached | ☐ Drawin | g(s) | | Appeal Communication to Board of Appeals and Interferences | | | | |
| Amendment / Response | Licensing-related Papers | | | Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) | | | | |
| After Final | and A | companyir | | Proprietary Information | | | | |
| Affidavits/declaration(s) | Petition to Convert to a Provisional Application | | | Status Letter | | | | |
| Extension of Time Request | Power Chang | of Attorney ge of Corre | /, Revocation spondence Address | Other Enclosure(s) (please Identify below): | | | | |
| Express Abandonment Request | | nal Disclain | | Declaration Response to File Missing | | | | |
| Information Disclosure Statement | Request for Refund | | | Parts Notice to File Missing Parts of Nonprovisional Application Request for Corrected | | | | |
| | CD, N | lumber of C | CD(s) | Filing Receipt Filing Receipt Return Receipt Postcard Certificate of Express Mailing | | | | |
| Certified Copy of Priority Document(s) | Rem | arks | Please charge any additional fees or credit overpayment to Deposit Account No. 01-0850. A duplicate copy of this sheet is enclosed. | | | | | |
| Response to Missing Parts/ Incomplete Application | | | | | | | | |
| Response to Missing Parts under 37 CFR 1.52 or 1.53 | | | | | | | | |
| SIGN | ATURE OF | APPLIC | ANT, ATTORNEY, O | OR AGENT | | | | |
| Firm or Jon O. Nelson, B | anner & Wit | coff, Ltd., 1 | 0 S. Wacker Dr., 30th | Fl., Chicago IL 60606-7407 (312) 715-1000 | | | | |
| Individual name Signature | | | | | | | | |
| Date August 21, 2001 | | | | | | | | |
| | | | ATE OF MAILING | | | | | |
| I hereby certify that this correspondence | e is being de | posited with | n the United States Po | stal Service as first class mail in an envelope date: | | | | |
| addressed to: Assistant Commissioner | ior Patents, | vvasiiiigio | | | | | | |
| Typed or printed name | | | | Date | | | | |
| Signature | | | | | | | | |
| Burden Hour Statement: This form is estimated comments on the amount of time you are recoffice, Washington, DC 20231. DO NOT Statents, Washington, DC 20231. | ted to take 0. quired to com SEND FEES | 2 hours to c plete this for OR COMPLI | omplete. Time will vary d m should be send to the ETED FORMS TO THIS | epending upon the needs of the individual case. Chief Information Officer, U.S. Patent and Trader ADDRESS. SEND TO: Assistant Commissione | | | | |

PTO/SE/17 (11-00)

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| FEE TO A NOBALTTAL | Complete if Known | | | | |
|--|----------------------|-------------------|--|--|--|
| PESE TRANSMITTAL | Application Number | 09/838,908 | | | |
| (a) for FY 2001 | Filing Date | 4/20/01 | | | |
| ~ / Y | First Named Inventor | Donald E. Godshaw | | | |
| Page fees are subject to annual revision. | Examiner Name | tba | | | |
| Paged fees are subject to annual revision. | Group / Art Unit | 3727 | | | |
| TOTAL AMOUNT OF PAYMENT (\$) 240 | Attorney Docket No. | 04286.00010 | | | |

| \ <u></u> | TAL AITO | | 7 | | | | . atomic | , DOORE | | | | |
|--|-----------------------|---|---------------|-------------------------------------|--|-------------|-----------------------------|-------------------------------------|---|--|--|----------|
| METHOD OF PAYMENT (check one) | | | | | | | FEE CALCULATION (continued) | | | | | |
| 1. | 8 | The Commissioner is hereby authorized to charge indicated fees and credit any over payments to: | | | | | | ITIONAL Large Entity | | Small Entity | | |
| Deposit Account 01-0850 Number | | | | Fee Code | Fee (\$) | Fee Code | Fee (\$) | Fee Description | Fee Paid | | | |
| | | | | 105 | 130 | 205 | 65 | Surcharge - late filing fee or oath | 65 | | | |
| Deposit | | | | | | 127 | 50 | 227 | 25 | Surcharge - late provisional filing fee or cover sheet. | | |
| Account Banner & Witcoff, Ltd. | | | | | | 139 | 130 | 139 | 130 | Non-English specification | | |
| Name | | | | | | 147 | 2,520 | 147 | 2,520 | For filing a request for reexamination | | |
| ☑ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 | | | | | 112 | 920* | 112 | 920* | Requesting publication of SIR prior to Examiner action | | | |
| | Applicant of See 37 C | FR 1.27 | | status. | | | 113 | 1,840* | 113 | 1,840* | Requesting publication of SIR after Examiner action | |
| 2. | Paymer | nt Enclose | d: | | | | 115 | 110 | 215 | 55 | Extension for reply within first month | |
| ☐ Check ☐ Credit card ☐ Money ☐ Other Order | | | | | | 116 | 390 | 216 | 195 | Extension for reply within second month | | |
| | | | FF CA | LCULATION | | | 117 | 890 | 217 | 445 | Extension for reply within third month | |
| 1. | BASIC FIL | | | <u> </u> | | | 118 | 1,390 | 218 | 695 | Extension for reply within fourth month | |
| Larg | e Entity | Smali Er | itity | | | | 128 | 1,890 | 228 | 945 | Extension for reply within fifth month | |
| Fee | | | | ee Description | | | 119 | 310 | 219 | 155 | Notice of Appeal | |
| Code | | Code (\$ | | | Fee Paid | _ | 120 | 310 | 220 | 155 | Filing a brief in support of an appeal | |
| 101 | | 201 39 | - | itility filing fee | | 4 | 121 | 270 | 221 | 135 | Request for oral hearing | |
| 106 107 | | 206 16 207 24 | | esign filing fee lant filing fee | | _ | 138 | 1,510 | 138 | 1,510 | Petition to institute a public use proceeding | |
| 108 | 710 | 208 35 | 55 F | eissue filing fee | • | | 140 | 110 | 240 | 55 | Petition to revive – unavoidable | |
| 114 | 150 2 | 214 75 | 5 P | rovisional filling | fee | ╛ | 141 | 1,240 | 241 | 620 | Petition to revive – unintentional | |
| | | 0110 | TOTAL | (4) | [(A) A | _ | 142 | 1,240 | 242 | 620 | Utility issue fee (or reissue) | |
| | | 20B | TOTAL | (1) | (\$) 0 | | 143 | 440 | 243 | 220 | Design issue fee | |
| 2. E | XTRA CLAIN | 1 FEES | | | | | 144 | 600 | 244 | 300 | Plant issue fee | |
| | | | | | ee from Fee | | 122 | 130 | 122 | 130 | Petitions to the Commissioner | |
| Total C | laims | 20 | _ | Claims b | elow Paid = 0 | | 123 | 130 | 123 | 130 | Petitions related to provisional applications | |
| Indepei Claims | ndent | -3 | = | o x | = 0 | | 126 | 180 | 126 | 180 | Submission of Information Disclosure Stmt | |
| Multiple Depend | lent | | | × | = 0 | | 581 | 40 | 581 | 40 | Recording each patent assignment per property (times number of properties) | |
| Larg Fee | e Entity Fee | Small Fee | Entity Fee | Fee Descript | ion | | 146 | 710 | 246 | 355 | Filing a submission after final rejection (37 CFR § 1.129(a)) | |
| Code | | Code | (\$) | - | | | 149 | 710 | 249 | 355 | For each additional invention to be | |
| 103 | 18 | 203 | 9 | Claims in exc | | | | | | | examined (37 CFR § 1.129(b)) | |
| 102 104 | 80 270 | 202 204 | 40 135 | • | claims in excess of 3 ndent claim, if not paid | | 179 | 710 | 279 | 355 | Request for Continued Examination (RCE) | |
| | | | | | lependent claims over | | 169 | 900 | 169 | 900 | Request for expedited examination | \vdash |
| 109 | 80 | 209 | 40 | original paten | | nd. | | | | | of a design application | |
| 110 | 18 | 210 | 9 | over original p | nims in excess of 20 a patent | na | | | | | | |
| SUBTOTAL (2) (\$) 0 | | | | | Other fee (specify) Request for Corrected Filing Receipt | | | | | 40 | | |
| (4,7 | | | | | Multiple Dependent Claim Surcharge | | | | | | | |
| **or number previously paid, if greater, For Reissues, see above | | | | | | | | | | | | |
| | | | • | · | | | *Reduc | ed by Ba | sic Filin | g Fee Pa | aid SUBTOTAL (3) (\$) 240 | |

| SUBMITTED BY | | Complete (if applicable) | | | | | |
|-------------------|--------|--------------------------|--------------|---------------------|--------|-----------|-----------------|
| Name (Print/Type) | Jon O. | Nelson | Registration | No. Attorney/Agent) | 24,566 | Telephone | (312) 715–1000 |
| Signature | 1 | lon o. | N. | ·~ | | Date | August 21, 2001 |